

# ARIZONA COLLEGE PREPARATORY

ENROLLMENT APPLICATION  
TWO LOCATIONS – ONE SCHOOL

ACP-Erie Campus  
(currently Hamilton Prep)  
1825 S. Alma School Rd.  
Chandler, AZ 85286  
(480) 883-5270

ACP-Oakland Campus  
(formerly Chandler Traditional JHS)  
191 W. Oakland Street  
Chandler, AZ 85225  
(480) 224-3930

Please return the completed application packet to either:

Hamilton Prep Administration  
1825 S. Alma School Rd., Room C204  
Chandler, AZ 85286

ACP-Oakland Administration  
191 W. Oakland St.  
Chandler, AZ 85225

*Strive for the impossible and be extraordinary!*

# ARIZONA COLLEGE PREP

## Enrollment Application

**ACP-Erie**

(currently Hamilton Prep)

1825 S. Alma School Rd., Chandler, AZ 85286

Office: (480) 883-5270 Fax: (480) 224-9268

**ACP-Oakland**

(formerly Chandler Traditional JHS)

191 W. Oakland St., Chandler, AZ 85225

Office (480) 224-3930 Fax (480) 224-3940

PRINT CLEARLY OR TYPE. USE THE APPLICANT'S LEGAL FIRST, MIDDLE AND LAST NAMES AS SHOWN ON THEIR BIRTH CERTIFICATE.

|   |                          |                                      |  |                |          |
|---|--------------------------|--------------------------------------|--|----------------|----------|
| LAST NAME AND SUFFIX (JR., III, ETC.)   | FIRST NAME               | MIDDLE NAME                          | PREFERRED NAME   | AGE            | GENDER   |
| HOME ADDRESS  |                          | CITY                                 |  | STATE          | ZIP CODE |
| HOME TELEPHONE<br>- -   | CELL PHONE NUMBER<br>- - | DATE OF BIRTH (MOS./DAY/YEAR)<br>/ / |  | PLACE OF BIRTH |          |
| APPLICANT LIVES WITH (EXAMPLE: MR. & MRS. JOHN DOE)   |                          |                                      | GRADE APPLYING FOR<br><input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12  |                |          |
| ETHNIC/RACIAL BACKGROUND (OPTIONAL)<br><br><input type="checkbox"/> ASIAN-AMERICAN <input type="checkbox"/> HISPANIC<br><input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE AMERICAN<br><input type="checkbox"/> CAUCASIAN/WHITE <input type="checkbox"/> OTHER |                          |                                      | *DOES THE STUDENT RECEIVE ANY MEDICATION?<br>IF YES, TYPE.<br><hr/> WHAT SCHOOL SITE DO YOU PREFER YOUR CHILD ATTEND?<br><input type="checkbox"/> NO PREFERENCE<br><input type="checkbox"/> ACP-ERIE (GRADES 7-12) <input type="checkbox"/> ACP-OAKLAND (GRADES 6-8) |                |          |
| PRIMARY LANGUAGE SPOKEN AT HOME<br><br>IF OTHER, PLEASE INDICATE LANGUAGE SPOKEN  |                          |                                      | FAMILY'S PRIMARY E-MAIL ADDRESS  |                |          |

|                                       |                                 |                 |          |
|---------------------------------------|---------------------------------|-----------------|----------|
| SCHOOL PRESENTLY ATTENDING            | CURRENT GRADE                   | PRINCIPAL       |          |
| SCHOOL AREA CODE AND TELEPHONE<br>- - | SCHOOL AREA CODE AND FAX<br>- - | SCHOOL DISTRICT |          |
| ADDRESS OF SCHOOL                     | CITY                            | STATE           | ZIP CODE |

FULL LEGAL NAME OF APPLICANT: \_\_\_\_\_

|   |                         |   |                         |
|---|-------------------------|---|-------------------------|
| INFORMATION PRESENTED IN THIS COLUMN IS THAT OF<br><input type="checkbox"/> FATHER<br><input type="checkbox"/> STEPFATHER<br><input type="checkbox"/> GUARDIAN<br><input type="checkbox"/> OTHER                                |                         | INFORMATION PRESENTED IN THIS COLUMN IS THAT OF<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> STEPMOTHER<br><input type="checkbox"/> GUARDIAN<br><input type="checkbox"/> OTHER                                |                         |
| <input type="checkbox"/> MR. <input type="checkbox"/> DR. <input type="checkbox"/> OTHER (SPECIFY)  |                         | <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> OTHER (SPECIFY)  |                         |
| NAME:   |                         | NAME:   |                         |
| MARITAL STATUS<br><input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED<br><input type="checkbox"/> REMARRIED <input type="checkbox"/> DECEASED <input type="checkbox"/> SINGLE |                         | MARITAL STATUS<br><input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED<br><input type="checkbox"/> REMARRIED <input type="checkbox"/> DECEASED <input type="checkbox"/> SINGLE |                         |
| HOME ADDRESS (INCLUDE CITY, STATE, ZIP)   |                         | HOME ADDRESS (INCLUDE CITY, STATE, ZIP)   |                         |
| HOME TELEPHONE<br>-   -   | WORK TELEPHONE<br>-   - | HOME TELEPHONE<br>-   -   | WORK TELEPHONE<br>-   - |
| EMPLOYER  |                         | EMPLOYER  |                         |
| EMPLOYER ADDRESS  |                         | EMPLOYER ADDRESS  |                         |
| OCCUPATION  |                         | OCCUPATION  |                         |
| CELL PHONE  | E-MAIL ADDRESS          | CELL PHONE  | E-MAIL ADDRESS          |
| IF PARENTS ARE DIVORCED, WHO HAS LEGAL CUSTODY OF THE APPLICANT?<br><input type="checkbox"/> BOTH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (SPECIFY)                      |                         |   |                         |
| *DOES OR HAS YOUR CHILD EVER RECEIVED ANY SPECIAL EDUCATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                         |   |                         |
| *DOES OR HAS YOUR CHILD EVER RECEIVED ELL (ENGLISH LANGUAGE LEARNER) SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                         |   |                         |
| *DOES OR HAS YOUR CHILD EVER HAD AN IEP (INDIVIDUALIZED EDUCATIONAL PLAN)? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                         |   |                         |
| *DOES OR HAS YOUR CHILD EVER HAD A 504 ACCOMMODATION PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                         |   |                         |
| * HAS YOUR CHILD EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL FOR ANY REASON? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, PLEASE LIST THE NAME OF THE SCHOOL SUSPENDED FROM AND DATES OF OCCURANCE.  |                         |   |                         |
| *DO YOU CURRENTLY HAVE A CHILD ATTENDING HAMILTON PREP OR ACP-OAKLAND?  |                         |   |                         |
| <input type="checkbox"/> YES, HAMILTON PREP <input type="checkbox"/> YES, ACP-OAKLAND            NAME(S): _____   |                         |   |                         |
| <input type="checkbox"/> No   |                         |   |                         |

\*INFORMATION GIVEN DOES NOT IMPACT THE POSSIBLTY OF YOUR CHILD ATTENDING ARIZONA COLLEGE PREP.

# ARIZONA COLLEGE PREP APPLICATION FOR ENROLLMENT

ACP-Erie, Located at Chandler Christian Church 1825 S. Alma School Rd., Chandler, AZ 85286 Ph. (480) 883-5270 Fax (480) 224-9268  
ACP-Oakland 191 W. Oakland St., Chandler, AZ 85225 Ph. (480) 224-3930 Fax (480) 224-3940

---

## *TO BE COMPLETED BY PARENT/GUARDIAN*

FULL LEGAL NAME OF STUDENT: \_\_\_\_\_

How did you hear about Arizona College Prep?

Why do you want your child to attend Arizona College Prep?

*Please provide what insights you can about your child in the following areas:*

Academic performance (present):

Academic performance (past):

Academic strengths:

Academic weaknesses:

Extracurricular involvement:

Peer relationships/Behavior:

# ARIZONA COLLEGE PREP APPLICATION FOR ENROLLMENT

ACP-Erie, Located at Chandler Christian Church 1825 S. Alma School Rd., Chandler, AZ 85286 Ph. (480) 883-5270 Fax (480) 224-9268  
ACP-Oakland 191 W. Oakland St., Chandler, AZ 85225 Ph. (480) 224-3930 Fax (480) 224-3940

---

## *STUDENT'S PAGE*

Please answer the following questions in your own handwriting:

**Name:** \_\_\_\_\_

1. Why do you want to attend Arizona College Prep (if you don't want to, why don't you)?
2. Describe your study habits and academic abilities as you see them.
3. What do you most look forward to in attending Arizona College Prep?
4. What are your hobbies and interests outside of school?
5. What do you like most about school?
6. What do you like least about school?

# ARIZONA COLLEGE PREP APPLICATION FOR ENROLLMENT

ACP-Erie, Located at Chandler Christian Church 1825 S. Alma School Rd., Chandler, AZ 85286 Ph. (480) 883-5270 Fax (480) 224-9268  
ACP-Oakland 191 W. Oakland St., Chandler, AZ 85225 Ph. (480) 224-3930 Fax (480) 224-3940

## STATEMENTS OF UNDERSTANDING

*I UNDERSTAND THAT ARIZONA COLLEGE PREP'S PROGRAM OF STUDY IS VERY RIGOROUS AND FAILURE TO SUCCESSFULLY OBTAIN A PASSING GRADE IN ALL OF MY COURSES MAY RESULT IN MY DISMISSAL FROM ARIZONA COLLEGE PREP.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

*I UNDERSTAND THAT ARIZONA COLLEGE PREP HAS A STUDENT UNIFORM POLICY THAT I WILL BE EXPECTED TO ADHERE TO ON A DAILY BASIS.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

*I UNDERSTAND THAT ANY DISCIPLINARY ACTION THAT RESULTS IN A NINE (9) DAY SUSPENSION (FIGHTING, DRUG POSSESSION, DRUG USE, GANG AFFILIATION, HARASSMENT, ETC.) MAY RESULT IN MY DISMISSAL FROM ARIZONA COLLEGE PREP.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

*WE CERTIFY THAT ALL INFORMATION ON THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ARIZONA COLLEGE PREP IS NOT OBLIGATED TO APPROVE MY APPLICATION.*

\_\_\_\_\_  
STUDENT NAME (PRINTED)

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE